



CHANGE OF CORRESPONDENCE ADDRESS <i>Applicati n</i>	
Address to: Mail Stop: Non-Fee Amendment Commissioner for Patents P.O. Box 1450 Alexandria, VA 22313-1450	Application Number
	Filing Date
	First Named Inventor
	Art Unit
	Examiner Name
	Attorney Docket Number

09/989,348

11/20/01

Levy et al.

1624

Mark L. Bench

021390-003710

Please change the Correspondence Address for the above-identified patent application to:



Customer Number:

20350

OR

RECEIVED

NOV 24 2003

Firm or  
Individual Name

TECH CENTER 1600/2900

Address

Address

City

State

ZIP

Country

Telephone

Fax

This form cannot be used to change the data associated with a Customer Number. To change the data associated with an existing Customer Number use "Request for Customer Number Data Change" (PTO/SB/124).

I am the :



Applicant/Inventor.



Assignee of record of the entire interest.

Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96).

Attorney or agent of record. Registration Number 37,369

Registered practitioner named in the application transmittal letter in an application without an executed oath or declaration. See 37 CFR 1.33(a)(1). Registration Number \_\_\_\_\_

Typed or  
Printed Name

William B. Kezer

Signature

Date

11.11.03

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below.

☐ \*Total of \_\_\_\_\_ forms are submitted.